



Part I: Applicant Information

Please type or print legibly

Name of Applicant:	
DUNS #:	
Name of Project:	
Mailing Address:	
City, State, Zip:	
Contact Person:	
Phone Number	FAX Number
E-mail address	
Requested CDBG Year 2014 funding: \$	
When Was the Organization Established?	

Part II: Service Area Information

Address of organization providing the services:	
In What Community area and Census Tract is the organization providing the services located?	
Community area:	Census Tract
Indicate Service Area: <input type="checkbox"/> This project will provide services citywide to all eligible individuals <input type="checkbox"/> This project will primarily serve the following Community area(s) and Census Tract(s)	
Community areas:	
Census Tract(s)	



Part III: Proposal Description

III-A. In a clear and concise manner, provide a brief narrative of the project, its scope, problems addressed, and results anticipated.



III-B. Provide a summary of the project using the Problem/Intervention/Activity/Expected Outcome model: (Include additional pages if necessary.)

#	Problem	Intervention Activity/ies	Expected Outcome(s)
1.			
2.			
3.			



4.			
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III-C. *If* the specific project is currently in operation:

<p>1. When did the project begin operation?</p>
<p>2. Specifically describe the project's prior accomplishments:</p>
<p>3. Are there other financial, physical and human resources in the community being leveraged?</p>

III-D. Please explain how access to a comprehensive array of social, academic, occupational, and other support services related to the program objectives will be provided through collaboration with public and private agencies, referral systems, shared locations, or another approach.



Part IV: Monitoring and Evaluation Procedures

IV-A. Describe the methods your agency will employ to evaluate the project's progress and record project accomplishments.



IV-B. Describe how your agency will monitor program expenditures and ensure that appropriate fiscal controls and records are in place.

Part V: Auditing Requirements

Is your agency (check only one):

Not-for-profit

Educational institution

Governmental agency

For-profit

V-A. What is your agency's fiscal year?

V-B. Does your organization conduct annual audits, and if so, when do you intend to conduct an audit of your organization?



V-C. If your agency anticipates receiving other local, state or federal funds for this program during 2013, please identify the source and the amount.

Part VI – Requirements

The items listed below must be provided with **ALL** copies of your proposal:

- List of Officers and Board of Directors
- By-Laws and Charter
- Articles of Incorporation
- IRS Not-for-Profit Designation
- 990
- Other Requirements specific to programs. *(It is critical that you refer to the Instruction booklet under the "Other Information" category to determine any additional requirements.)*

The items listed below will be required prior to final contract approval, **if funding is approved:**

1. Approved WORK PROGRAM and BUDGET
2. Identification of Project Staff



3. Identification of office space and LEASE AGREEMENT
4. Workers compensation and general liability INSURANCE
5. Signature Authorization
6. Organizational Chart
7. Signed Contract
8. Other requirements specific to program

Certification

I HEREBY CERTIFY, as Chief Executive Officer, that the information provided in this application is true and correct to the best of my knowledge, information, and belief.

Signature

Date

Name **(type or print)**

Title **(type or print)**



Budget Form 1

Proposed Budget Summary for Year 2014

A. Applicant _____ **C. Contract Term, From** _____ **To** _____

B. Program _____ **D. Year 2014 Allocation** _____

E. Project Budget

Column 1	Column 2	Column 3	Column 4
Item of Expenditure	CDBG Funding	Other Funding (\$)	Total Cost (\$)
Personnel			
Fringe Benefits			
Operating/Technical			
Professional and Technical Services			
Materials and Supplies			
Equipment			
Other (please specify)			
Other (please specify)			
TOTAL			

Note: The entire budget for this project must be shown. This is a preliminary budget, and is not binding. However it is important that you comprehensively determine the expenses for this proposed project. Please show both the expenses that will be paid for with CDBG funds and those that will be paid for from other funding sources.

F. Percentage of total project costs paid by Other Funding Sources: ___ %



A. Applicant _____

C. IRS I.D. _____

B. Program _____

D. PERSONNEL BUDGET ALLOCATION FOR YEAR 2014

Position Title (1)	No. (2)	Rate (\$) (3)	% of Time Spent (4)	CDBG Share (\$) (5)	Total Cost (\$) (6)	Brief Summary of Job Responsibilities (7)
Example: <i>Assistant Program Director</i>	<i>1</i>	<i>\$28,000</i>	<i>60%</i>	<i>\$11,200</i>	<i>\$16,800</i>	<i>Assists the program director in assessing client needs, preparing a marketing plan, and preparing vouchers</i>
(8) Totals						

E. ESTIMATED FRINGE BENEFITS AND TOTAL PERSONNEL COSTS

Type of Fringe Benefit	CDBG Share (\$)	Total Cost (\$)	Please show calculation below
(9) F.I.C.A.			
(9a) Social Security Tax			= .0765 x Line 8
(9b) Medicare Tax			= .0145 x Line 8
(10) State Unemployment Insurance			
(11) Workers Compensation			
(12) Other (please list)			
(13) Other (please list)			
(14) Total Fringe Benefits (Add Lines 9-13)			
(15) Total Personnel Costs (Line 8 plus Line 14)			



A. Applicant _____

B. Department Program _____

C. NON-PERSONNEL BUDGET ALLOCATION FOR YEAR 2014

Item of Expenditure (1)	CDBG Share of Cost (\$) (2)	Total Cost (\$) (3)	Line Item Description and Justification (Please show justifications for Total Cost and CDBG Share) (4)
Example: <i>Postage</i>	\$572	\$750	<i>CDBG will pay for two mailings of newsletter (2 x 400 copies @ 32¢ = \$256) and one mailing of promotional pamphlet (275 copies @ \$1.15 = \$316). Incidental postage (\$178) will be paid with other share.</i>
TOTAL			



A. Applicant _____ **B.** Department Program _____

C. Applicant's total organization-wide Budget for 2014 \$ _____

D. City Funding History: Account for all funds awarded to your agency by the City of North Miami over the past five years, including projections for Year 2014

Funding Year	CDBG
2010	
2011	
2012	
2013	
2014	
TOTAL	

E. Other Funding Sources: List all public grants (excluding CDBG), private grants, and any other funding for this specific project for 2014

Funding Source	Date Received/Expected	Total Amount Awarded (\$)
TOTAL		

CDBG National Objective / Eligibility

- If the qualifying **National Objective** is “**Activities Benefiting Low- and Moderate-Income Persons**” check this box and also check the box next to the appropriate underlined criterion listed below. Please follow any additional instructions in parenthesis.
- Area Benefit (LMA)
- Limited Clientele (LMC) (*check the appropriate box below*)
- Service is limited to one or more of the following groups presumed by HUD to be low/moderate income (*check all that apply*)
- Senior Citizens
 - Persons with Disabilities
 - Homeless Persons
 - Youth
 - Low/Moderate Income Persons
- Records are kept which contain the household size and total household income of clients proving that 51% are low and moderate income
- The Community Planning & Development Department has determined that the nature and location of the activity will ensure that the majority of clientele will be low and moderate income in accordance with HUD criteria. No other feasible way of qualifying the activity exists.



A. Applicant _____

B. Project Name _____

C. PROPOSED WORK PROGRAM FOR YEAR 2014

Program	List activities which will be carried out to fulfill program	Outcomes	2014 Planned Program Deliveries by Quarter and Total				Performance Measures
			1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	
Total Unduplicated Clients/Units							